

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

09/719903

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
0							60					
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
0							70					
1							71					
2							72					
3							73					
4							74					
5							75					
6							76					
7							77					
8							78					
9							79					
0							80					
1							81					
2							82					
3							83					
4							84					
5							85					
6							86					
7							87					
8							88					
9							89					
0							90					
1							91					
2							92					
3							93					
4							94					
5							95					
6							96					
7							97					
8							98					
9							99					
0							100					
TOTAL	1						TOTAL					
IND.	23						IND.					
DEP.	24						DEP.					
TOTAL							TOTAL					
CLAIMS							CLAIMS					